E	ffective on 12/08.	/2004.									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				8).	Complete if Known						
FEE TRANSMITTAL				Applic	Application Number 10/511,006			· · · · · · · · · · · · · · · · · · ·			
For FY 2008				Filing		5/9/2005					
FULLI 7009				First N	t Named Inventor Mark Jason Heath Ellison						
Applicant claims small entity status. See 37 CFR 1.27				Exami	ner Name	Mina Hagh	ighatian				
					Art Unit 1616						
TOTAL AMOUNT OF PAYMENT (\$) 970.00				Attorn	ey Docket	0470 - 0448	61				
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SE					ESV A DAIDLA '	TION PEEC					
FILING FEES SEARCH F Small Entity Small				Small Entity							
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	<u>5</u> Fee (\$)	mall Entity Fee (\$)	Fees P	(2) bio			
Utility	310	155	510	255	210	105					
	210										
Design		105	100	50	130	65	0				
Plant	210	105	310	155	160	80	0				
Reissue	310	155	510	255	620	310)			
Provisional	210	105	0	0	0	0	0				
2. EXCESS CLAIM F	EES							Small Entity			
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>			
Each claim over 20 (including Reissues)							50	25			
Each independent claim over 3 (including Reissues)							210	105			
Multiple dependent clair		T	~	(4)	T		370	185			
Total Claims - 20	<u>0 or HP</u>	Extra Claim	s Fo	<u>ee (\$)</u> =	Fee Paid (\$)			pendent Claims			
HP = highest number of to	otal claims paid f	or, if greater that	A 1 20.				<u>Fee (\$)</u>	Fee Paid (\$)			
Indep. Claims - 3	or HP	Extra Claim	s F	<u>'ee (\$)</u>	Fee Paid (\$)		0	0			
-	=		x								
HP = highest number of in	ndependent claim	is paid for, if gre	ater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under											
37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
- 100 =		/ 50 =			up to a whole num		=	0			
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
								970.00			
SUBMITTED BY	,,,			Advantage of the second se							

SUBMITTED BY	1			
Signature /	/:	Registration No. (Attorney/Agent) 22,132	Telephone	412-471-8815
Name (Print/Type) Wi	mani II. Edgodda		Date	August 26, 2008